

Sign Face Change

Location: _____

Date: _____

Zone: _____

Tax Parcel #: _____

Applicant Name: _____

Phone Number: _____

.....
Previous Use

Previous Sign Face Verbiage:

Type of Business:

Proposed Use

Proposed Sign Face Verbiage:

Proposed Business:

Office Use Only

_____ Approved Date _____

Conditions

_____ Denied Date _____

Reasons:

Rhonda C. Connelly
Planner 1